

U.S. Department of Justice
United States Marshals Service

Case 1:21-cv-11240-AK Document 21 Filed 12/14/22 Page 1 of 1

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF MARK SAUNDERS	COURT CASE NUMBER 21-cv-11240-AK
DEFENDANT ROSALIND PICARD, et al.	TYPE OF PROCESS COMPLAINT & SUMMONS

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DORIS KELLUM
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 30 OAKLEY RD, UNIT 1 WATERTOWN, MA 02472

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: MARK SAUNDERS 28 CUSHMAN ST WATERTOWN, MA 02472-3704		Number of process to be served with this Form - 285 1
		Number of parties to be served in this case 13
		Check for service on U.S.A. U.S. DISTRICT COURT

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

(H) 617-924-6710
(C) 617-744-1695
(E) 617-794-6088

WORK: D'AMORE MEKIM HUNTINGTON AVE
BOSTON, MA 02115
617-373-3232

RECEIVED IN CLERK'S OFFICE
DATE 12/13/22

U.S. DISTRICT COURT
BOSTON, MA
12/13/22 3:00 PM
BUSINESS SERVICE

Signature of Attorney or other Originator requesting service on behalf of: [Signature]	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 617-905-7454	DATE 10-24-22
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 12/5/22 Time 13:20 pm Signature of U.S. Marshal or Deputy [Signature]

Service Fee 65	Total Mileage Charges (including endeavors) 12.50	Forwarding Fee —	Total Charges 77.50	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:
1 BUSM, 1 hour, 20 miles served